



Youth Membership Application

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Birthdate: ____/____/____

Father's Name: _____

Father's Member Number: _____

Mother's Name: _____

Mother's Member Number: _____

Parent/Legal Guardian's Signature:

Parent/legal guardian, by signing this application you give your permission for your child to join Saltwater Fishing Association. Application must be filled out completely.

Youth 1 year membership = \$15

Make check or money order out to: Saltwater Fishing Association

Mail application & money to SFA at:
P.O. Box 3802
Houma, LA 70361